

INITIATE CLAIM APPLICATION

*REQUIRED INFORMATION

1. *Are you unemployed as a result of a major disaster which occurred in Mississippi and was declared by the President? COVID-19: ☐ YES ☐ NO
2. If disaster is MS COVID-19: effective beginning January 27, 2020 check all that apply:
 - ☐ I have been diagnosed with COVID-19 or am experiencing symptoms of COVID-19 and am seeking a medical diagnosis;
 - ☐ A member of my household has been diagnosed with COVID-19;
 - ☐ I am providing care for a family member or a member of my household who has been diagnosed with COVID-19;
 - ☐ A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work;
 - ☐ I am unable to reach the place of my employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency;
 - ☐ I am unable to reach the place of my employment because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
 - ☐ I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency;
 - ☐ I have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19;
 - ☐ I had to quit my job as a direct result of COVID-19; or
 - ☐ My place of employment is closed as a direct result of the COVID-19 public health emergency.
 - ☐ I am self-employed and unable to work due to COVID-19.
3. *Date you became unemployed as a direct result of the disaster:

_____ - _____ - _____

FILE DISASTER CLAIM

*REQUIRED INFORMATION

1. *County where you were employed before the disaster:

2. *County where you lived at the time of disaster

UI-501 Unemployment Application

Date: _____ - _____ - _____

NOTE: PLEASE SHOW ALL DATES AS MM-DD-YYYY (MONTH, DAY, YEAR)

PERSONAL INFORMATION

1. SSN : _____ - _____ - _____ 2. First Name: _____

3. Middle Initial: _____ 4. Last Name: _____

5. Other last name worked under during the last 18 months: _____

6. Date of Birth: _____ - _____ - _____

7. Gender: ☐ MALE ☐ FEMALE

8. Race: ☐ ASIAN ☐ AFRICAN AMERICAN ☐ CAUCASIAN ☐ AMERICAN INDIAN ☐ PACIFIC ISLANDER

9. Ethnicity: ☐ NOT HISPANIC/LATINO ☐ HISPANIC/LATINO

10. Are you a US Citizen? ☐ YES ☐ NO If No, provide the following

a. Alien Document Type: ☐ VISA ☐ PERMANENT RESIDENT 1-55

b. Document #: _____

c. Exp. Date: _____ - _____ - _____

11. Do you have a disability? ☐ YES ☐ NO

12. Are you a military veteran, transitional veteran or a spouse of a veteran? ☐ YES ☐ NO

13. What is the highest grade completed in school? _____

14. Do you have a state issued driver's license or identification card? ☐ YES ☐ NO

a. If yes, indicate the issuing state _____

IDENTIFICATION VERIFICATION

1. First name (on ID or DL) : _____
2. Last name (on ID or DL): _____
3. Date of Birth (on ID or DL): _____ - _____ - _____
4. Driver's License/ID Number: _____
5. License Class: _____
6. Issue Date: _____ - _____ - _____
7. Expiration Date: _____ - _____ - _____
8. Height: _____ Feet _____ Inches

If the details entered cannot be validated, your claim will be subject to further identification verification.

CONTACT DETAILS

1. Mailing address: Street: _____
City: _____ State: _____
Zip Code: _____ Country: _____
Residential address: ☐ Same as mailing address ☐ Different
2. Residential address: ☐ Same ☐ Different
3. If different, provide details: Street: _____
City: _____ State: _____
Zip Code: _____ Country: _____
4. If Mississippi resident, County: _____
5. Telephone Number(s)
Primary Number: _____ 5. Cell Number: _____
6. Would you like to sign-up to receive notification via text message regarding your reemployment assistance? *Message and data rates may apply.* ☐ Yes ☐ No
7. How may we contact you? ☐ USPS Mail ☐ Email

EMAIL ACKNOWLEDGEMENT

BY CHECKING "I AGREE", YOU AGREE AND CONSENT TO RECEIVE NOTIFICATION OF UNEMPLOYMENT INSURANCE CORRESPONDENCE BY EMAIL. YOU WILL RECEIVE AN EMAIL STATING "I AGREE TO THE TERMS AND CONDITIONS OF MDES REGARDING ELECTRONIC NOTIFICATIONS." BY PROVIDING YOUR EMAIL ADDRESS, YOU CAN RECEIVE IMPORTANT INFORMATION FASTER AND MORE EFFICIENTLY. YOU CAN ALSO RESET YOUR PASSWORD USING OUR CONVENIENT AUTOMATED SYSTEM.

☐ I agree

8. Email Address: _____

9. Confirm Email Address: _____

10. Select your correspondence language preference: ☐ ENGLISH ☐ SPANISH

SECURITY CONFIRMATION

MDES WILL VALIDATE THE IDENTITY INFORMATION YOU PROVIDED WITH OTHER STATE AND FEDERAL AGENCIES. REVIEW THE INFORMATION AND MAKE ANY NECESSARY CHANGES.

1. Social Security Number: _____ - _____ - _____

2. First Name on SS card: _____

3. Last Name on SS card: _____

4. Date of Birth: _____ - _____ - _____

FILE CLAIM

1. Mark the location where you are filing the claim.

☐ CALL CENTER ☐ WIN JOB CENTER ☐ OTHER

2. Were you employed with the federal government performing federal civilian service within the last 18 months? ☐ YES ☐ NO

If yes, where did you work? ☐ IN USA ☐ OUTSIDE USA ☐ IN MISSISSIPPI

3. Were you discharged from the US Military within the last 18 months? ☐ YES ☐ NO

4. Have you worked for any employer within the last 18 months? ☐ YES ☐ NO

5. List all the states where you worked within the last 18 months, excluding Federal (Outside of USA) or Military employment.

☐ MISSISSIPPI

STATE #1: _____ STATE #2: _____

6. Do you have a definite date to return to full time work? ☐ YES ☐ NO

a. If yes, indicate the date you expect to return to work below:

_____ - _____ - _____

7. Have you applied for Unemployment Insurance Benefits in any state other than Mississippi in the last 12 months? ☐ YES ☐ NO

8. Was your last employer a Headstart employer? ☐ YES ☐ NO

9. Are you currently unemployed due to the novel coronavirus outbreak (also known as COVID-19)?
☐ YES ☐ NO

EMPLOYMENT DETAILS (EMPLOYER #1)

Employer Name: _____

Street: _____

City: _____ State: _____

Zip Code: _____ Country: _____

1. Did you work for this employer? ☐ YES ☐ NO

a. Start Date: ____ - ____ - ____ b. End Date: ____ - ____ - ____

c. Job Title/Description: _____

d. What was your rate of pay? Amount: _____

RATE OF PAY: ☐ HOURLY ☐ DAILY ☐ WEEKLY ☐ BI MONTHLY ☐ MONTHLY ☐ YEARLY

e. Reason why you are no longer working with this employer:

☐ LACK OF WORK/LAID OFF ☐ DISCHARGE ☐ VOLUNTARY QUIT ☐ CORONA VIRUS (COVID-19)
☐ LEAVE OF ABSENCE ☐ DESIGNATED VACATION ☐ STRIKE/LOCKOUT ☐ SUSPENSION

i. If Voluntary Quit, select reason:

☐ ATTEND SCHOOL/TRAINING ☐ CHILD CARE ☐ DISTANCE TO WORK
☐ FAMILY RESPONSIBILITIES ☐ HEALTH REASONS ☐ MOVE WITH SPOUSE
☐ MOVE WITH SPOUSE-MILITARY ☐ NOT PAID CORRECT AMOUNT ☐ REDUCED WORK HOURS
☐ RELOCATE ☐ START A NEW JOB ☐ TO GET MARRIED ☐ TRANSPORTATION ☐ OTHER

ii. If Discharged/Fired, select reason:

☐ ABSENTEEISM/TARDINESS ☐ AWAY FROM WORK STATION ☐ DAMAGING COMPANY PROPERTY
☐ FAILED DRUG TEST ☐ FALSIFIED DOCUMENTS ☐ POOR JOB PERFORMANCE
☐ PHYSICAL ALTERCATION ☐ REFUSING TO PERFORM ASSIGNED DUTIES
☐ REFUSING TO WORK OVERTIME ☐ SLEEPING ON THE JOB ☐ STEALING
☐ SUSPENDED DRIVER'S LICENSE ☐ UNAUTHORIZED USE OF COMPANY PROPERTY
☐ UNDER THE INFLUENCE OF ALCOHOL ☐ VERBAL ALTERCATION ☐ OTHER

f. Are you receiving or are you going to apply for a pension from this employer? ☐ YES ☐ NO

I. IF YES, PROVIDE THE DATE YOU RECEIVED OR WILL RECEIVE THE PENSION BELOW:

_____ - _____ - _____

g. Employer Telephone #: _____

h. Are you being paid by this employer during the time you are off work? ☐ Yes ☐ No

EMPLOYMENT DETAILS (EMPLOYER #2)

Employer Name: _____

Street: _____

City: _____ State: _____

Zip Code: _____ Country: _____

1. Did you work for this employer? ☐ YES ☐ NO

a. Start Date: ____ - ____ - ____ b. End Date: ____ - ____ - ____

c. Job Title/Description: _____

d. What was your rate of pay? Amount: _____

RATE OF PAY: ☐ HOURLY ☐ DAILY ☐ WEEKLY ☐ BI MONTHLY ☐ MONTHLY ☐ YEARLY

e. Reason why you are no longer working with this employer:

☐ LACK OF WORK/LAID OFF ☐ DISCHARGE ☐ VOLUNTARY QUIT ☐ CORONA VIRUS (COVID-19)
☐ LEAVE OF ABSENCE ☐ DESIGNATED VACATION ☐ STRIKE/LOCKOUT ☐ SUSPENSION

i. If Voluntary Quit, select reason:

☐ ATTEND SCHOOL/TRAINING ☐ CHILD CARE ☐ DISTANCE TO WORK
☐ FAMILY RESPONSIBILITIES ☐ HEALTH REASONS ☐ MOVE WITH SPOUSE
☐ MOVE WITH SPOUSE-MILITARY ☐ NOT PAID CORRECT AMOUNT ☐ REDUCED WORK HOURS
☐ RELOCATE ☐ START A NEW JOB ☐ TO GET MARRIED ☐ TRANSPORTATION ☐ OTHER

ii. If Discharged/Fired, select reason:

☐ ABSENTEEISM/TARDINESS ☐ AWAY FROM WORK STATION ☐ DAMAGING COMPANY PROPERTY
☐ FAILED DRUG TEST ☐ FALSIFIED DOCUMENTS ☐ POOR JOB PERFORMANCE
☐ PHYSICAL ALTERCATION ☐ REFUSING TO PERFORM ASSIGNED DUTIES
☐ REFUSING TO WORK OVERTIME ☐ SLEEPING ON THE JOB ☐ STEALING
☐ SUSPENDED DRIVER'S LICENSE ☐ UNAUTHORIZED USE OF COMPANY PROPERTY
☐ UNDER THE INFLUENCE OF ALCOHOL ☐ VERBAL ALTERCATION ☐ OTHER

f. Are you receiving or are you going to apply for a pension from this employer? ☐ YES ☐ NO

I. IF YES, PROVIDE THE DATE YOU RECEIVED OR WILL RECEIVE THE PENSION BELOW:

_____ - _____ - _____

g. Employer Telephone #: _____

h. Are you being paid by this employer during the time you are off work? ☐ Yes ☐ No

ADD EMPLOYMENT DETAILS

*REQUIRED INFORMATION

1. *Employer Name: _____
2. *Employer Address Line 1: _____
*Address Line 2: _____
*City: _____ *State: _____
*Zip Code: _____ *Country: _____
3. *Start Date: ____ - ____ - ____ 4. *End Date: ____ - ____ - ____
5. *Work Location: a. City: _____ b. State: _____
- 6.. *Job Title/Description _____
7. *What was your rate of pay? Amount: _____
***RATE OF PAY:** ☐ HOURLY ☐ DAILY ☐ WEEKLY ☐ BI MONTHLY ☐ MONTHLY ☐ YEARLY
8. *Reason why you are no longer working with this employer:
☐ LACK OF WORK/LAID OFF ☐ DISCHARGE ☐ VOLUNTARY QUIT ☐ CORONA VIRUS (COVID-19)
☐ LEAVE OF ABSENCE ☐ DESIGNATED VACATION ☐ STRIKE/LOCKOUT ☐ SUSPENSION
a. If Voluntary Quit, select reason:
☐ ATTEND SCHOOL/TRAINING ☐ CHILD CARE ☐ DISTANCE TO WORK
☐ FAMILY RESPONSIBILITIES ☐ HEALTH REASONS ☐ MOVE WITH SPOUSE
☐ MOVE WITH SPOUSE-MILITARY ☐ NOT PAID CORRECT AMOUNT ☐ REDUCED WORK HOURS
☐ RELOCATE ☐ START A NEW JOB ☐ TO GET MARRIED ☐ TRANSPORTATION ☐ OTHER
b. If Discharged/Fired, select reason:
☐ ABSENTEEISM/TARDINESS ☐ AWAY FROM WORK STATION ☐ DAMAGING COMPANY PROPERTY
☐ FAILED DRUG TEST ☐ FALSIFIED DOCUMENTS ☐ POOR JOB PERFORMANCE
☐ PHYSICAL ALTERCATION ☐ REFUSING TO PERFORM ASSIGNED DUTIES
☐ REFUSING TO WORK OVERTIME ☐ SLEEPING ON THE JOB ☐ STEALING
☐ SUSPENDED DRIVER'S LICENSE ☐ UNAUTHORIZED USE OF COMPANY PROPERTY
☐ UNDER THE INFLUENCE OF ALCOHOL ☐ VERBAL ALTERCATION ☐ OTHER
9. *Total wages earned since October 1, 2018: _____
10. *Are you receiving or are you going to apply for a pension from this employer?
(Do not Include severance pay or social security benefits.) ☐ YES ☐ NO
a. IF YES, PROVIDE THE DATE YOU RECEIVED OR WILL RECEIVE THE PENSION BELOW:
____ - ____ - ____
11. *Employer Telephone #: _____
12. *Are you being paid by this employer during the time you are off work? ☐ Yes ☐ No

APPLICATION FOR RECONSIDERATION OF WAGES

*REQUIRED INFORMATION

1. *Employer Name: _____
2. *Employer Address Line 1: _____
*Address Line 2: _____
*City: _____ *State: _____
*Zip Code: _____ *Country: _____
3. *Start Date: ____ - ____ - ____ 4. *End Date: ____ - ____ - ____
5. *Owner of the Business: _____
6. *Name/Title of the person who hired you: _____
7. *Employer Telephone #: _____
8. *FEIN: _____
9. *Doing Business As (MUST NOT EXCEED 100 CHARACTERS)
10. *Nature of employer's business (MUST NOT EXCEED 250 CHARACTERS)
11. *Directions to the employer's business (MUST NOT EXCEED 250 CHARACTERS)

12. *Approximately how many people worked for this employer? _____

13. *Type of work you performed? _____

14. Work Location: City: _____ State: _____

15. *Were you paid directly by the employer above? ☐ YES ☐ NO

a. If No, who paid you? _____

16. *How were you paid? ☐ CASH ☐ CHECK ☐ OTHER

17. *Select the document(s) that you received from this employer ☐ W-2 ☐ 1099 ☐ OTHER

18. *Did you work under another Social Security Number? ☐ YES ☐ NO

a. If Yes, provide the other SSN : _____ - _____ - _____

19. *Enter the quarterly gross wages you earned (including tips, bonuses and commission).

QUARTER/YEAR	EMPLOYER REPORTED WAGES (\$)	CLAIMANT REPORTED WAGES (\$)
Oct-Dec 2018		
Jan-Mar 2019		
Apr-Jun 2019		
Jul-Sep 2019		

SELF-EMPLOYMENT QUESTIONNAIRE

*REQUIRED INFORMATION

To be eligible for Unemployment Insurance benefits, you must be able and available to seek and accept full time work.

1. *Describe your self-employment activities (Must not exceed 1000 characters)
2. *How many hours per week do you spend seeking or performing self-employment?
3. *Are you seeking full-time work other than your self-employment? ☐ Yes ☐ No
 - a. If Yes, what other types of work are you seeking? (Must not exceed 1000 characters)

EMPLOYMENT DETAILS (EMPLOYER #3)

Employer Name: _____

Street: _____

City: _____ State: _____

Zip Code: _____ Country: _____

1. Did you work for this employer? ☐ YES ☐ NO

a. Start Date: ____ - ____ - ____ b. End Date: ____ - ____ - ____

c. Job Title/Description: _____

d. What was your rate of pay? Amount: _____

RATE OF PAY: ☐ HOURLY ☐ DAILY ☐ WEEKLY ☐ BI MONTHLY ☐ MONTHLY ☐ YEARLY

e. Reason why you are no longer working with this employer:

☐ LACK OF WORK/LAID OFF ☐ DISCHARGE ☐ VOLUNTARY QUIT ☐ CORONA VIRUS (COVID-19)
☐ LEAVE OF ABSENCE ☐ DESIGNATED VACATION ☐ STRIKE/LOCKOUT ☐ SUSPENSION

i. If Voluntary Quit, select reason:

☐ ATTEND SCHOOL/TRAINING ☐ CHILD CARE ☐ DISTANCE TO WORK
☐ FAMILY RESPONSIBILITIES ☐ HEALTH REASONS ☐ MOVE WITH SPOUSE
☐ MOVE WITH SPOUSE-MILITARY ☐ NOT PAID CORRECT AMOUNT ☐ REDUCED WORK HOURS
☐ RELOCATE ☐ START A NEW JOB ☐ TO GET MARRIED ☐ TRANSPORTATION ☐ OTHER

ii. If Discharged/Fired, select reason:

☐ ABSENTEEISM/TARDINESS ☐ AWAY FROM WORK STATION ☐ DAMAGING COMPANY PROPERTY
☐ FAILED DRUG TEST ☐ FALSIFIED DOCUMENTS ☐ POOR JOB PERFORMANCE
☐ PHYSICAL ALTERCATION ☐ REFUSING TO PERFORM ASSIGNED DUTIES
☐ REFUSING TO WORK OVERTIME ☐ SLEEPING ON THE JOB ☐ STEALING
☐ SUSPENDED DRIVER'S LICENSE ☐ UNAUTHORIZED USE OF COMPANY PROPERTY
☐ UNDER THE INFLUENCE OF ALCOHOL ☐ VERBAL ALTERCATION ☐ OTHER

f. Are you receiving or are you going to apply for a pension from this employer? ☐ YES ☐ NO

I. IF YES, PROVIDE THE DATE YOU RECEIVED OR WILL RECEIVE THE PENSION BELOW:

_____ - _____ - _____

g. Employer Telephone #: _____

h. Are you being paid by this employer during the time you are off work? ☐ Yes ☐ No

EMPLOYMENT DETAILS (EMPLOYER #4)

Employer Name: _____

Street: _____

City: _____ State: _____

Zip Code: _____ Country: _____

1. Did you work for this employer? ☐ YES ☐ NO

a. Start Date: ____ - ____ - ____ b. End Date: ____ - ____ - ____

c. Job Title/Description: _____

d. What was your rate of pay? Amount: _____

RATE OF PAY: ☐ HOURLY ☐ DAILY ☐ WEEKLY ☐ BI MONTHLY ☐ MONTHLY ☐ YEARLY

e. Reason why you are no longer working with this employer:

☐ LACK OF WORK/LAID OFF ☐ DISCHARGE ☐ VOLUNTARY QUIT ☐ CORONA VIRUS (COVID-19)
☐ LEAVE OF ABSENCE ☐ DESIGNATED VACATION ☐ STRIKE/LOCKOUT ☐ SUSPENSION

i. If Voluntary Quit, select reason:

☐ ATTEND SCHOOL/TRAINING ☐ CHILD CARE ☐ DISTANCE TO WORK
☐ FAMILY RESPONSIBILITIES ☐ HEALTH REASONS ☐ MOVE WITH SPOUSE
☐ MOVE WITH SPOUSE-MILITARY ☐ NOT PAID CORRECT AMOUNT ☐ REDUCED WORK HOURS
☐ RELOCATE ☐ START A NEW JOB ☐ TO GET MARRIED ☐ TRANSPORTATION ☐ OTHER

ii. If Discharged/Fired, select reason:

☐ ABSENTEEISM/TARDINESS ☐ AWAY FROM WORK STATION ☐ DAMAGING COMPANY PROPERTY
☐ FAILED DRUG TEST ☐ FALSIFIED DOCUMENTS ☐ POOR JOB PERFORMANCE
☐ PHYSICAL ALTERCATION ☐ REFUSING TO PERFORM ASSIGNED DUTIES
☐ REFUSING TO WORK OVERTIME ☐ SLEEPING ON THE JOB ☐ STEALING
☐ SUSPENDED DRIVER'S LICENSE ☐ UNAUTHORIZED USE OF COMPANY PROPERTY
☐ UNDER THE INFLUENCE OF ALCOHOL ☐ VERBAL ALTERCATION ☐ OTHER

f. Are you receiving or are you going to apply for a pension from this employer? ☐ YES ☐ NO

I. IF YES, PROVIDE THE DATE YOU RECEIVED OR WILL RECEIVE THE PENSION BELOW:

_____ - _____ - _____

g. Employer Telephone #: _____

h. Are you being paid by this employer during the time you are off work? ☐ Yes ☐ No

ABLE AND AVAILABLE DETAILS

1. Are you currently self-employed? ☐ YES ☐ NO
2. Have you refused an offer of work since your last day of employment? ☐ YES ☐ NO
3. Are you presently attending school or training? ☐ YES ☐ NO
4. Can you accept full-time work immediately? ☐ YES ☐ NO

If no, why?

5. Are you pregnant? ☐ YES ☐ NO

If yes, enter your expected delivery date: _____ - _____ - _____

TAX WITHHOLDING AND PAYMENT OPTION

1. Do you want to have 10% of your Unemployment Insurance Benefits payments, including Federal Additional Compensation, withheld for Federal Income Tax? ☐ YES ☐ NO

LACK OF WORK QUESTIONNAIRE (EMPLOYER #1)

1. When were you told of the lack of work (date)? _____ - _____ - _____ .
2. Who told you of the lack of work (name and title)? _____
3. Were you given written notice of the lack of work? ☐ YES ☐ NO
4. Were you the only person laid off? ☐ YES ☐ NO
5. Were you provided severance pay? ☐ YES ☐ NO
6. Select the reason you were told for the lack of work:
☐ REDUCTION IN FORCE ☐ CONTINUING WORK NOT AVAILABLE ☐ POSITION ELIMINATED
☐ TEMPORARY LAYOFF ☐ PINK SLIP ☐ CORONA VIRUS (COVID-19) ☐ OTHER

a. If other, provide as much detail as possible: Click below to enter text.

LACK OF WORK QUESTIONNAIRE(EMPLOYER #2)

1. When were you told of the lack of work (date)? _____ - _____ - _____ .
2. Who told you of the lack of work (name and title)? _____
3. Were you given written notice of the lack of work? ☐ YES ☐ NO
4. Were you the only person laid off? ☐ YES ☐ NO
5. Were you provided severance pay? ☐ YES ☐ NO
6. Select the reason you were told for the lack of work:
☐ REDUCTION IN FORCE ☐ CONTINUING WORK NOT AVAILABLE ☐ POSITION ELIMINATED
☐ TEMPORARY LAYOFF ☐ PINK SLIP ☐ CORONA VIRUS (COVID-19) ☐ OTHER

a. If other, provide as much detail as possible: Click below to enter text.

LACK OF WORK QUESTIONNAIRE(EMPLOYER #3)

1. When were you told of the lack of work (date)? _____ - _____ - _____ .
2. Who told you of the lack of work (name and title)? _____
3. Were you given written notice of the lack of work? ☐ YES ☐ NO
4. Were you the only person laid off? ☐ YES ☐ NO
5. Were you provided severance pay? ☐ YES ☐ NO
6. Select the reason you were told for the lack of work:
☐ REDUCTION IN FORCE ☐ CONTINUING WORK NOT AVAILABLE ☐ POSITION ELIMINATED
☐ TEMPORARY LAYOFF ☐ PINK SLIP ☐ CORONA VIRUS (COVID-19) ☐ OTHER

a. If other, provide as much detail as possible: Click below to enter text.

LACK OF WORK QUESTIONNAIRE(EMPLOYER #4)

1. When were you told of the lack of work (date)? _____ - _____ - _____ .
2. Who told you of the lack of work (name and title)? _____
3. Were you given written notice of the lack of work? ☐ YES ☐ NO
4. Were you the only person laid off? ☐ YES ☐ NO
5. Were you provided severance pay? ☐ YES ☐ NO
6. Select the reason you were told for the lack of work:
☐ REDUCTION IN FORCE ☐ CONTINUING WORK NOT AVAILABLE ☐ POSITION ELIMINATED
☐ TEMPORARY LAYOFF ☐ PINK SLIP ☐ CORONA VIRUS (COVID-19) ☐ OTHER

a. If other, provide as much detail as possible: Click below to enter text.

ADD MILITARY EMPLOYER

1. Service Branch

☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINES ☐ COAST GUARD

2. Service Start Date: _____ - _____ - _____ .

3. Service End Date: _____ - _____ - _____ .

4. Have you applied for (or) are you receiving a pension from the military?

☐ YES ☐ NO

5. Do you have your DD-214 Member 4 copy?

☐ YES ☐ NO

*Only complete the next page if you have worked
for federal service in the last 18 months*

FEDERAL EMPLOYER

1. Federal Agency Name: _____
2. Mailing Address: Street: _____
City: _____ State: _____
Zip Code: _____ Country: _____
3. Did you receive form SF-8 from this Federal Agency? ☐ YES ☐ NO
4. Location of your last Federal employment prior to your separation
City: _____ State: _____ Country: _____
5. If you performed Federal Civilian Service outside of the United States, were you the spouse of a military service member stationed at a military base? ☐ YES ☐ NO
6. Employment Start Date: _____ - _____ - _____
7. Employment End Date: _____ - _____ - _____
8. Did you perform Federal civilian service while employed with this Federal agency? ☐ YES ☐ NO
9. Reason you are no longer working with this employer:
☐ LACK OF WORK/LAID OFF ☐ DISCHARGE ☐ VOLUNTARY QUIT
☐ LEAVE OF ABSENCE ☐ DESIGNATED VACATION STRIKE/LOCKOUT ☐ SUSPENSION

I. IF VOLUNTARY QUIT, SELECT REASON:
☐ ATTEND SCHOOL/TRAINING ☐ CHILD CARE ☐ DISTANCE TO WORK
☐ FAMILY RESPONSIBILITIES ☐ HEALTH REASONS ☐ MOVE WITH SPOUSE
☐ MOVE WITH SPOUSE-MILITARY ☐ NOT PAID CORRECT AMOUNT ☐ REDUCED WORK HOURS
☐ RELOCATE ☐ START A NEW JOB ☐ TO GET MARRIED ☐ TRANSPORTATION ☐ OTHER

ii. If Discharged/Fired, select reason:
☐ ABSENTEESIM/TARDINESS ☐ AWAY FROM WORK STATION ☐ DAMAGING COMPANY PROPERTY
☐ FAILED DRUG TEST ☐ FALSIFIED DOCUMENTS ☐ POOR JOB PERFORMANCE
☐ PHYSICAL ALTERCATION ☐ REFUSING TO PERFORM ASSIGNED DUTIES
☐ REFUSING TO WORK OVERTIME ☐ SLEEPING ON THE JOB ☐ STEALING
☐ SUSPENDED DRIVER'S LICENSE ☐ UNAUTHORIZED USE OF COMPANY PROPERTY
☐ UNDER THE INFLUENCE OF ALCOHOL ☐ VERBAL ALTERCATION ☐ OTHER

10. Have you applied for a pension or, are you receiving a pension from this employer?

☐ YES ☐ NO

11. Did you receive or are you entitled to receive severance pay provided by any federal law or agency-employer agreement? ☐ YES ☐ NO

If yes, complete the following

A. WEEKLY AMOUNT _____

B. NUMBER OF WEEKS _____

C. TOTAL ENTITLEMENT \$ _____

D. SEVERANCE PAY START DATE: _____ - _____ - _____

E. SEVERANCE PAY END DATE: _____ - _____ - _____

F. DATE OF PAYMENT: _____ - _____ - _____

12. Enter the quarterly gross wages, including tips, bonuses and commission.

These wages will be used to determine your monetary eligibility

Affidavit of Wages	
QUARTER/YEAR	WAGES

YOU MUST PROVIDE PROOF OF WAGES WITHIN FIVE CALENDAR DAYS OF COMPLETING THIS APPLICATION. YOU SHOULD UNDERSTAND THAT PENALTIES ARE PROVIDED BY LAW FOR AN INDIVIDUAL THAT MAKES FALSE STATEMENTS TO OBTAIN BENEFITS. ANY DETERMINATION BASED ON THIS AFFIDAVIT IS NOT FINAL; DETERMINATIONS ARE SUBJECT TO CORRECTIONS UPON RECEIPT OF WAGES AND SEPARATION INFORMATION FROM THE FEDERAL AGENCY WHERE YOU WORKED. BENEFIT PAYMENTS MADE AS A RESULT OF SUCH DETERMINATION MAY HAVE TO BE ADJUSTED ON THE BASIS ON THE INFORMATION FURNISHED BY THE FEDERAL AGENCY, AND ANY AMOUNT OVERPAID MUST BE REPAID OR OFFSET AGAINST FUTURE BENEFITS.

YOU MAY RETURN THIS COMPLETED FORM BY EMAIL TO **UICLAIMS@MDES.MS.GOV**

HOW TO SET UP YOUR ACCOUNT FOR DIRECT DEPOSIT

Go to **WWW.MDES.MS.GOV** to set up direct deposit for payment of your Unemployment Benefits:

- Select **ONLINE UNEMPLOYMENT SERVICES** under the **UNEMPLOYMENT CLAIMS** tab, and log in to your account;
- Select **BENEFITS MAINTENANCE** tab;
- Select **UPDATE CLAIMANT PROFILE** tab and then select **PAYMENT OPTIONS** tab.

Enter the following under **PAYMENT OPTIONS**:

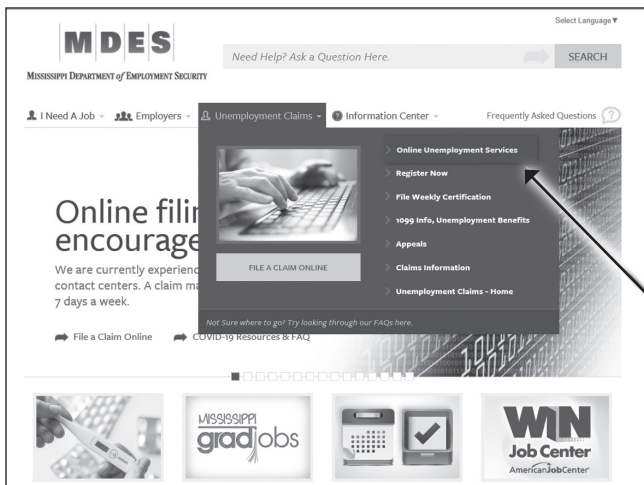
- **NAME ON BANK ACCOUNT** (referring to the owner of the account)
- **ACCOUNT TYPE** (savings or checking)
- **BANK ACCOUNT NUMBER**
- **CONFIRM BANK ACCOUNT NUMBER**
- **BANK ROUTING NUMBER**
- **CONFIRM BANK ROUTING NUMBER**

PLEASE REVIEW THE INFORMATION ENTERED TO BE SURE IT IS CORRECT TO AVOID DELAY.

DEBIT CARD PROCEDURES

- If you have been issued a debit card and it has not expired, this will be the same card for receiving your UI benefits.
- If you have been issued a debit card within the past three years and it has been lost, stolen, or damaged, contact the following number to request a replacement: 1-866-461-4095. Fees do apply: \$5.00 for normal delivery and the current \$21.00 fee for expedited delivery.
- The debit card for UI looks exactly like the debit card for child support. The only difference is the card for UI has a U printed on the front of the card on the bottom left. This is how to distinguish the two cards. Funds for UI will not go onto the child support card.
- For a complete list of fees for the debit card, visit <https://www.eppicard.com/> and select MS from the drop down menu. Once you select MS, you will be able to access documents, including the complete list of fees and disclosure statement.
- Check the balance of your card, free of charge, by creating a user ID and password at <https://www.eppicard.com>.

The screenshot displays the EPPICard website interface. On the left, a sidebar lists navigation options: 'Welcome just about everywhere you shop', 'Get cash-back with your purchase at many retailers', 'Pay your bills', 'Frequently Asked Questions', 'EPPICard Security Tips', and 'Privacy Policies'. The main content area features a 'Select your State and Program:' dropdown menu with a list of states and programs: CA, FL - Child Support, FL - Unemployment Insurance, GA, IA - Department of Human Services, IA - Medicaid, and IA - Workforce Development. To the right of the dropdown is a vertical bar. Further right, a 'Welcome to EPPICard.' section lists user actions: 'Check your available Card balance', 'Review your Card transaction history', 'Manage your Card account', and 'Set up important Card account activity Alerts'. At the bottom, the Conduent logo is visible alongside a small legal disclaimer.

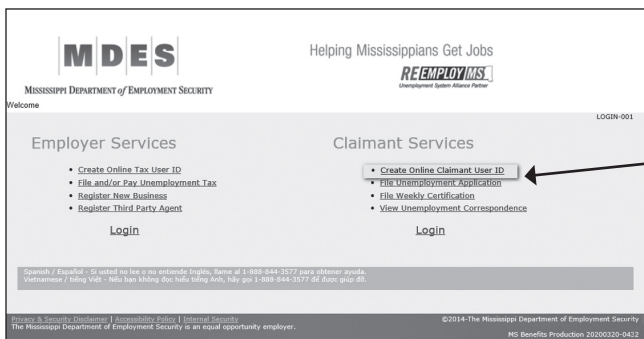


HOW TO CREATE AN ACCOUNT

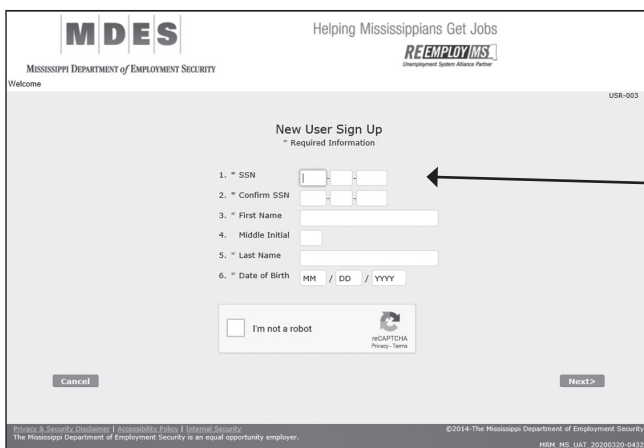
for Online Unemployment Services with Mississippi Department of Employment Security

Go to **WWW.MDES.MS.GOV**

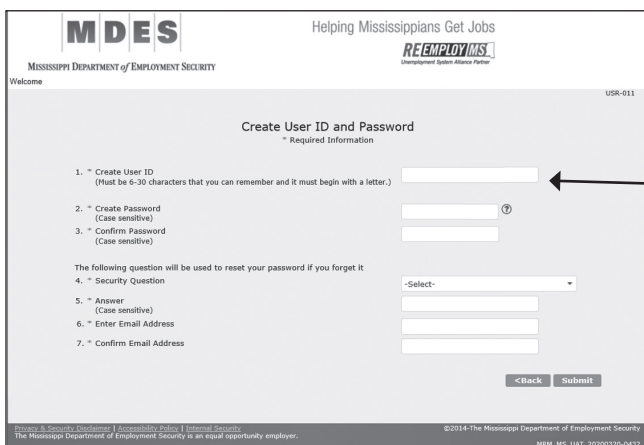
Select **ONLINE UNEMPLOYMENT SERVICES** under the **UNEMPLOYMENT CLAIMS** tab.



On the next screen, click on **CREATE CLAIMANT USER ID.**



Provide the information requested on the **NEW USER SIGN UP** page.



CREATE your USER ID AND PASSWORD

Passwords must be 8 to 15 characters, contain at least one uppercase letter, one lowercase letter, one number and one symbol (a special character such a !@##").

INITIAL APPLICATION FOR PANDEMIC UNEMPLOYMENT ASSISTANCE

*REQUIRED INFORMATION

1. *Marital status: ☐ MARRIED ☐ SINGLE
2. *Number of dependents _____
3. *County where you were employed before _____
4. *County where you lived at the time of disaster? _____
5. *Last Occupation _____
6. *Date you became unemployed as a direct result of the disaster:
_____ - _____ - _____
7. Name and Address of Employer (MUST NOT EXCEED 250 CHARACTERS)
Name: _____
Mailing Address: Street: _____
City: _____ State: _____
Zip Code: _____ Country: _____
Note that your employer will be notified that a claim has been filed and will be given the opportunity to provide employment and separation information.
8. Do you have a definite date to return to work? ☐ Yes ☐ No
 - a. If yes, enter the date: _____ - _____ - _____

INITIAL APPLICATION FOR PANDEMIC UNEMPLOYMENT ASSISTANCE (continued)

*REQUIRED INFORMATION

9. Select the weeks that you were totally or partially unemployed due to the disaster and for which you are claiming Disaster Unemployment Assistance. Report gross earnings from employment and net earnings for self employment. The week begins on Sunday and ends on Saturday,

SELECT	WEEK ENDING DATE	HOURS WORKED	EARNINGS (\$)
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

10. Were you able and available for work during each of the weeks selected above? ☐ Yes ☐ No

11. Did you apply for or receive or would you be eligible to receive if you had applied for:

- a. *Unemployment Compensation from another State? ☐ Yes ☐ No

State: _____ Amount _____

- b. *Private insurance for illness or disability pay? ☐ Yes ☐ No

Type: _____ Amount _____